

FOR OFFICE USE

Receipt # \_\_\_\_\_

Fee \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_

Issued by: \_\_\_\_\_

City of Roswell  
Request for Building Permit  
**Re-roofing**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Re-roofing Address

Describe Existing roof type in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Re-roofing installation in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Property Owner Name & Mailing Address

\_\_\_\_\_  
Contactor Business Name & Mailing Address

\_\_\_\_\_  
Phone # of Owner/Contractor

\_\_\_\_\_  
NM State License #

Re-roofing Cost \$: \_\_\_\_\_

**FINAL INSPECTION REQUIRED**

You are required to call for a final inspection. Call the building inspector at 624-6700 ext 286  
The installation detail you submit must **not** be deviated from without approval from the building  
inspector.

**PERMIT TO BE POSTED ON JOB SITE**

